

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90027 039 ***150.00

DOCUMENT # S96253

1. Entity Name
IBERO AMERICA ENTERPRISES, INC.



Principal Place of Business **3200 WHOOPING CRANE RUN** Mailing Address
13500 TURTLE MARSH LOOP #830 P O BOX 771942
ORLANDO, FL 32837 **KISSIMMEE, FL 32877** US
ORLANDO, FL 32837 **FL 34741**

DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3100747** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAMBON, IRMA C
13500 TURTLE MARSH LOOP #830
ORLANDO, FL 32837
3200 WHOOPING CRANE RUN
KISSIMMEE, FL 34741

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SCHAMBON, IRMA C
STREET ADDRESS	13500 TURTLE MARSH LOOP #830
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VS
NAME	ELASMAR, DAYANA A
STREET ADDRESS	13500 TURTLE MARSH LOOP #830
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #